

Form 5A: Services Required

OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)		FOR HRSA USE ONLY	
		Grant Number	Application Tracking #
Service Type	Column I – Direct (Health Center pays)	Column II –Formal Written Agreement (Health Center pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care			
Diagnostic Laboratory			
Diagnostic Radiology			
Screenings			
Coverage for Emergencies During and After Hours			
Voluntary Family Planning			
Immunizations			
Well Child Services			
Gynecological Care			
Obstetrical Care			
• Prenatal Care			
• Intrapartum Care (Labor & Delivery)			
• Postpartum Care			
Preventive Dental			
Pharmaceutical Services			
HCH Required Substance Abuse Services			
Case Management			
Eligibility Assistance			
Health Education			
Outreach			
Transportation			
Translation			
Additional Dental Services			
Behavioral Health Services			
Mental Health Services			
Substance Abuse Services			
Optometry			
Recuperative Care Program Services			
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech Language Pathology/Therapy			
Nutrition			
Complementary and Alternative Medicine			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Instructions for Form 5A: Services Required

General Notes

- **Competing continuation applicants:** The application should reflect only the current scope of project. Therefore, these forms will be pre-populated and cannot be modified. Changes in services, sites, and other activities/locations require prior approval through a Change in Scope request submitted in EHB. If the pre-populated data do not reflect recently approved scope changes, click the **Refresh from Scope** button in the EHB to display the latest scope of project.

Note: In order for forms to accurately pre-populate, if you are a competing continuation applicant, you must select **Continuation** for Box 2 and provide the grant number for Box 4 on the SF-424. **Failure to apply in this manner will result in delayed EHB application access.**

- **If you are a new and competing supplement applicant, you** must complete Forms 5A: Services Provided and 5B: Service Sites. Form 5C: Other Activities/Locations may be completed, as applicable. Complete these forms based only on the scope of project for the proposed service area.
- If the project is funded, only the services, sites, and other activities/locations listed on these forms will be considered to be in the approved scope of project, regardless of what is described or detailed elsewhere in the application.
- Refer to the Scope of Project (<http://bphc.hrsa.gov/programrequirements/scope.html>) policy documents and resources for details pertaining to defining and changing scope (i.e., services, sites, service area zip codes, target population).

Identify how the required and any optional additional services will be provided. Only one form is required regardless of the number of sites proposed. All referral arrangements/agreements for required services must be formal written arrangements/agreements.¹

If you are a competing supplement applicant:

- All services in your current scope of project must be accessible to patients from the newly proposed service area, through one or more modes of service delivery (Column II, III, or I).
- If new services are proposed on Form 5A of this application and this application is funded, these services must be consistent with the proposed project for the new service area and must be accessible to patients, through one or more modes of service delivery (Column I, II, or III).

¹ Refer to the Service Descriptors for Form 5A: Services Provided (<http://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf>) for details regarding required and additional services.